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7590

07/14/2004

Stuart E. Krieger
c/o Bristol-Myers Squibb Company
100 Headquarters Park Drive

08/18/2004 09735206

01 FC:1501 1330.00 DA
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Stuart E. Krieger (Depositor's name)
Stuart E. Krieger (Signature)
August 18, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/735,206	12/12/2000	Ron Plaza	C-331	4543

TITLE OF INVENTION: OSTOMY COUPLING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/14/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIDWELL, MICHELE M	3761	604-338000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Stuart E. Krieger

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bristol-Myers Squibb Company
Reel/Frame: 011382/0550

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, NY, U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-3869 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Stuart E. Krieger

August 18, 2004

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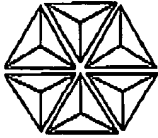
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Bristol-Myers Squibb Company
Patent Department

DATE: August 18, 2004

FACSIMILE TRANSMITTAL SHEET

URGENT

TO: USPTO – Issue Fee Branch
FAX NO.: 1-703-746-4000
FROM: Stuart E. Krieger
TELEPHONE NO.: (908) 904-2376
FACSIMILE NO.: (908) 904-2373
RE: U.S. Application Serial No.: 09/735,206
Attorney Docket No.: C-331
Number of Pages: 3 (including cover sheet)

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Stuart E. Krieger/Depositor

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